

## MISSOURI DEPARTMENT OF REVENUE CORPORATION INCOME TAX RETURN

**1999** FORM

NOTE: ATTACH COPY OF FEDERAL FORM 1120, PAGES 1-4, OR FEDERAL FORM 1120A. ATTACH ALL MISSOURI FORMS.

**MO-1120** 

A. CONSCULARTED MOR RETURN   B. CONSCULATED PEDSEPARATE MOR RETURN   C. FINAL RETURN   D. NAME. ADDRESS CHANGE   E. FERNIANDAGE   F. FERNIANDAGE   D. NAME. ADDRESS CHANGE   E. FERNIANDAGE   D. NAME. ADDRESS CHANGE   D. NAME		CALENDAR YEAR JANUARY 1 – DECEMBER 31, 1999 OR 🔲 FISCAL YEAR BEGINNING		1999, EN	20		
LIMITED LIBILITY COMPANY		A. CONSOLIDATED MO RETURN B. CONSOLIDATED FED/SEPARATE MO RETURN	N 🗆 C	C. FINAL RETURN		D. NAI	ME, ADDRESS CHANGE
MISSOUR TAVABLE INCOME — If all Missouri income, repeat Line 8, If not amount from Part A, Line 7 — 9 0.00	E	F. FEIN CHANGE F. BANKRUPTCY		G. INITIAL RETURN		☐ H. AM	ENDED RETURN
NAME OF PARENT ON PEDERAL CONSCIENTED RETURN   1		. LIMITED LIABILITY COMPANY J. IF FILING FEDERAL FORM 990C, ENTER C. IF	FILING FE	DERAL FORM 990T, E	NTER T		
CORPORATION NAME	BUSI	NESS NAME	MIT	S/MO I.D. NUMBER		DOR	
NUMBER AND STREET   PLACE LABEL IN BLOCK						ONLY	
NOTIFICATION   STATE   CODE   PARENT FEIN   DON	CORI	PORATION NAME	CH	ARTER NUMBER		FEDERA	AL I.D. NUMBER
NOTIFICATION   STATE   CODE   PARENT FEIN   DON		DI ACE I ADEL IN DI OCK			1 1		
NCOME AND DEDUCTIONS — PLEASE ROUND ALL AMOUNTS TO THE NEAREST WHOLE DOLLAR.  1. FEDERAL TAXABLE INCOME (not less than 0) from Federal Form 1120, Line 30	NUM	BER AND STREET PLACE LABEL IN BLOCK	NAI	ME OF PARENT ON FEDE	RAL CON	SOLIDATED	RETURN
NCOME AND DEDUCTIONS — PLEASE ROUND ALL AMOUNTS TO THE NEAREST WHOLE DOLLAR.  1. FEDERAL TAXABLE INCOME (not less than 0) from Federal Form 1120, Line 30							
INCOME AND DEDUCTIONS — PLEASE ROUND ALL AMOUNTS TO THE NEAREST WHOLE DOLLAR.  1. FEDERAL TAXABLE INCOME (not less than 0) from Federal Form 1120, line 30	CITY	OR TOWN, STATE, ZIP CODE	PAI	RENT FEIN		DOR	
1. FEDERAL TAXABLE INCOME (not less than 0) from Federal Form 1120, Line 30						ONLY	
2. Corporation income tax from Missouri, or other states, their subdivisions and District of Columbia deducted in determining lederal suable income (attach schedule)	INC	OME AND DEDUCTIONS — PLEASE ROUND ALL AMOUNTS TO THE	NEARE:	ST WHOLE DOLL	AR.		
Columbia deducted in determining federal taxable income (attach schedule)   2   00   3   00   4   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   1	1.	FEDERAL TAXABLE INCOME (not less than 0) from Federal Form 1120, Line 30 DC	OR ONLY			1	00
Columbia deducted in determining federal taxable income (attach schedule)   2   00   3   00   4   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   100   1	2.	Corporation income tax from Missouri, or other states, their subdivisions and District of					
4 0.00 5 Missouri modifications — add Lines 2 and 3.				2	00		
5. MISSOURI TAXABLE INCOME — Las Suine 5.  6. 0.00  7. FEDERAL INCOME TAX — CURRENT YEAR (complete Page 2, Part 3)  8. MISSOURI TAXABLE INCOME — ALL SOURCES — Line 6 less Line 7.  9. MISSOURI TAXABLE INCOME — If all Missouri income, repeat Line 8. If not, complete Form MO-MS and enter apportionment method chosen	3.	Missouri modifications — Additions (complete Page 2, Part 1)		3	00		
8. BALANCE — Line 1 plus Line 4 less Line 5 7. FEDERAL INCOME TAX — CURRENT YEAR (complete Page 2, Part 3) 8. MISSOURI TAXABLE INCOME — ALL SOURCES — Line 6 less Line 7 9. MISSOURI TAXABLE INCOME — If all Missouri income, repeat Line 8. If not, complete Form MO-MS and enter apportionment method chosen ▶	4.	Total additions — add Lines 2 and 3			🕨	4	00
7. FEDERAL INCOME TAX — CURRENT YEAR (complete Page 2, Part 3)	5.	Missouri modifications — Subtractions (complete Page 2, Part 2)			🕨	5	00
MISSOURI TAXABLE INCOME — ALL SOURCES — Line 6 less Line 7	6.	BALANCE — Line 1 plus Line 4 less Line 5				6	00
8. MISSOURI TAXABLE INCOME — ALL SOURCES — Line 6 less Line 7	7.	FEDERAL INCOME TAX — CURRENT YEAR (complete Page 2, Part 3)			▶	7	00
method chosen ▶						8	00
method chosen ▶	^	MICCOURTAVARIE INCOME. "A HAR"	140 140				
10. MISSOURI DIVIDENDS DEDUCTION (see instructions before entering an amount)	9.	MISSOURI TAXABLE INCOME — If all Missouri income, repeat Line 8. If not, complete Form	n MO-MS a	and enter apportionmei	nt		
10. MISSOURI DIVIDENDS DEDUCTION (see instructions before entering an amount)		method chosen ▶ , the % from Part A, Line 6 ▶ , , , , and the a	amount fro	m Part A, Line 7		9	00
11. ENTERPRISE ZONE INCOME MODIFICATION.	10.					10	
12					_ ▶		
13		·			<u> </u>	-	
13		/					,
14.   Recapture of Missouri Low Income Housing Credit (see instructions) (attach a copy of Federal Form 8611)   14   00     15. TOTAL TAX — Add Lines 13 and 14   15   00     16. TOTAL TAX — Add Lines 13 and 14   16.   00     17. 1999 estimated tax payments (include approved overpayments applied from 1998 and tax withheld for nonresident entertainers)   17   00     18. Payments with Form MO-60   18   00   19. AMENDED RETURN ONLY: Tax paid with (or after) the filing of the original return   19   00     19. AMENDED RETURN ONLY: Tax paid with (or after) the filing of the original return or as later adjusted   20   00     20. Subtotal — add Lines 16 through 19   20   00     21. AMENDED RETURN ONLY: Overpayment, if any, as shown on original return or as later adjusted   21   00     22. Total — Line 20 less Line 21   22   00     23. If Line 22 is greater than Line 15, enter OVERPAYMENT here   24a   00     24a   00   24c   24b   00     24c   24d   00     24d   24d   00     25. Overpayment to be applied to 2000 estimated tax   25   00     25. Overpayment to be refunded — Line 23 less Lines 24a, 24b, 24c, 24d and 25   REFUND   26   00     25. Overpayment to be refunded — Line 23 less Lines 24a, 24b, 24c, 24d and 25   REFUND   26   00     25. Overpayment of estimated tax (attach Form MO-2220)   28   00     29. Interest   29   00     30. Additions to tax (for late filing or late payment)   00   00   00     10. INCLUDE YOUR MITS/MISSOURI TAX IDENTIFICATION NUMBER ON YOUR CHECK OR MONEY ORDER AND MAKE PAYABLE TO "MISSOURI DIRECTOR	13.				▶	13	00
15. TOTAL TAX — Add Lines 13 and 14						-	
16				,		-	
16. Total credits — (attach Form MO-TC)		EDITE AND DAVMENTS					
17. 1999 estimated tax payments (include approved overpayments applied from 1998 and tax withheld for nonresident entertainers)    18. Payments with Form MO-60    19. AMENDED RETURN ONLY: Tax paid with (or after) the filing of the original return    20. Subtotal — add Lines 16 through 19    20. 000  21. AMENDED RETURN ONLY: Overpayment, if any, as shown on original return or as later adjusted    21. 000  22. Total — Line 20 less Line 21    23. If Line 22 is greater than Line 15, enter OVERPAYMENT here    24. Amount remitted or amount of overpayment to be contributed to the trust funds    24a. Children's Trust Fund    24b. Children's Trust Fund    24c. Elderly Home Delivered Meals Trust Fund    25c. Overpayment to be applied to 2000 estimated tax    26c. Overpayment to be refunded — Line 23 less Lines 24a, 24b, 24c, 24d and 25    27c. If Line 22 is less than Line 15 enter UNDERPAYMENT here    28d. Underpayment of estimated tax (attach Form MO-2220)    29d. Interest    30. Additions to tax (for late filling or late payment)    DOR ONLY    TOTAL DUE    31 000  17 TOTAL DUE    31 000  18 000  18 000  18 000  18 000  18 000  18 000  18 000  19 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10 000  10	16.				▶	16	00
18. Payments with Form MO-60		· ·				17	
19. AMENDED RETURN ONLY: Tax paid with (or after) the filing of the original return 20. Subtotal — add Lines 16 through 19. 21. AMENDED RETURN ONLY: Overpayment, if any, as shown on original return or as later adjusted 22. Total — Line 20 less Line 21.  REFUND OR TAX DUE 23. If Line 22 is greater than Line 15, enter OVERPAYMENT here 24. Amount remitted or amount of overpayment to be contributed to the trust funds 24a. Children's Trust Fund 24b. Veterans Trust Fund 24c. Elderly Home Delivered Meals Trust Fund 25c. Overpayment to be applied to 2000 estimated tax 26c. Overpayment to be refunded — Line 23 less Lines 24a, 24b, 24c, 24d and 25.  27c. Overpayment to be refunded — Line 23 less Lines 24a, 24b, 24c, 24d and 25.  28c. Underpayment of estimated tax (attach Form MO-2220).  29c. Underpayment of estimated tax (attach Form MO-2220).  20c. Overpayment to ba applied to 2000 estimated tax (attach Form MO-2220).  28c. Underpayment of estimated tax (attach Form MO-2220).  29c. Interest 30c. Additions to tax (for late filing or late payment).  29c. DOR ONLY  TOTAL DUE — add Lines 27 through 30 (U.S. funds only).  DOR ONLY  TOTAL DUE — TOTAL DUE — 31 Interect or "MISSOURI TAX IDENTIFICATION NUMBER ON YOUR CHECK OR MONEY ORDER AND MAKE PAYABLE TO "MISSOURI DIRECTOR"						-	
20 00 21. AMENDED RETURN ONLY: Overpayment, if any, as shown on original return or as later adjusted		,				-	
21		, , ,				-	
22 00  REFUND OR TAX DUE  23. If Line 22 is greater than Line 15, enter OVERPAYMENT here  24. Amount remitted or amount of overpayment to be contributed to the trust funds 24a. Children's Trust Fund 24b. Veterans Trust Fund 24c 00 24d. Missouri National Guard Trust Fund 24d. Missouri National Guard Trust Fund 25. Overpayment to be applied to 2000 estimated tax 26. Overpayment to be refunded — Line 23 less Lines 24a, 24b, 24c, 24d and 25 27. If Line 22 is less than Line 15 enter UNDERPAYMENT here 28. Underpayment of estimated tax (attach Form MO-2220)  29. Interest 30. OVER ONLY 31. TOTAL DUE — add Lines 27 through 30 (U.S. funds only)  DOR ONLY  TOTAL DUE — 31  TOTAL DUE — AM MAKE PAYABLE TO "MISSOURI DIRECTOR		· ·					
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24c. Missouri National Guard Trust Fund						1	
24d. Missouri National Guard Trust Fund.  25. Overpayment to be applied to 2000 estimated tax  26. Overpayment to be refunded — Line 23 less Lines 24a, 24b, 24c, 24d and 25  27. If Line 22 is less than Line 15 enter UNDERPAYMENT here  28. Underpayment of estimated tax (attach Form MO-2220)  29. Interest  20. Overpayment of estimated tax (attach Form MO-2220)  29. Interest  20. Overpayment of estimated tax (attach Form MO-2220)  29. Interest  20. Overpayment of estimated tax (attach Form MO-2220)  29. Interest  29. Overpayment of estimated tax (attach Form MO-2220)  29. Interest  29. Overpayment of estimated tax (attach Form MO-2220)  29. Interest  29. Overpayment of estimated tax (attach Form MO-2220)  29. Interest  29. Overpayment of estimated tax (attach Form MO-2220)  29. Interest  29. Overpayment of estimated tax (attach Form MO-2220)  29. Interest  29. Overpayment of estimated tax (attach Form MO-2220)  29. Interest  29. Overpayment of estimated tax (attach Form MO-2220)  29. Interest  29. Overpayment of estimated tax (attach Form MO-2220)  29. Interest  29. Overpayment of estimated tax (attach Form MO-2220)  29. Interest  29. Overpayment of estimated tax (attach Form MO-2220)  29. Interest  29. Overpayment of estimated tax (attach Form MO-2220)  29. Interest  29. Overpayment of estimated tax (attach Form MO-2220)  30. Additions to tax (for late filling or late payment)  30. Overpayment of estimated tax (attach Form MO-2220)  31. TOTAL DUE — add Lines 27 through 30 (U.S. funds only)  10. Overpayment of estimated tax (attach Form MO-2220)  29. Interest  29. Overpayment of estimated tax (attach Form MO-2220)  29. Interest  29. Overpayment of estimated tax (attach Form MO-2220)  30. Additions to tax (for late filling or late payment)  31. TOTAL DUE — add Lines 27 through 30 (U.S. funds only)  32. Overpayment of estimated tax (attach Form MO-2220)  33. Overpayment of estimated tax (attach Form MO-2220)  34. Overpayment of estimated tax (attach Form MO-2220)  35. Overpayment of estimated tax (attach Form MO-222		101	_			1	
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26. Overpayment to be refunded — Line 23 less Lines 24a, 24b, 24c, 24d and 25  27. If Line 22 is less than Line 15 enter UNDERPAYMENT here  28. Underpayment of estimated tax (attach Form MO-2220)  29. Interest  20. O0  29. Interest  29. O0  30. Additions to tax (for late filing or late payment)  DOR ONLY  TOTAL DUE  31. TOTAL DUE  32. O0  NOTAL DUE  33. ON  NOTAL DUE  34. ON  NOTAL DUE  35. ON  NOTAL DUE  36. ON  NOTAL DUE  37. ON  NOTAL DUE  38. ON  NOTAL DUE  39. ON  NOTAL DUE  30. ON  NOTAL DUE  30. ON  NOTAL DUE  30. ON  NOTAL DUE  30. ON  NOTAL DUE  31. ON  NOTAL DUE  32. ON  NOTAL DUE  34. ON  NOTAL DUE  35. ON  NOTAL DUE  36. ON  NOTAL DU					00	25	00
27. If Line 22 is less than Line 15 enter UNDERPAYMENT here  28. Underpayment of estimated tax (attach Form MO-2220)  29. Interest  30. Additions to tax (for late filing or late payment)  31. TOTAL DUE — add Lines 27 through 30 (U.S. funds only)  INCLUDE YOUR MITS/MISSOURI TAX IDENTIFICATION NUMBER ON YOUR CHECK OR MONEY ORDER AND MAKE PAYABLE TO "MISSOURI DIRECTOR"					מא		
28. Underpayment of estimated tax (attach Form MO-2220)  29. Interest  30. Additions to tax (for late filing or late payment)  31. TOTAL DUE — add Lines 27 through 30 (U.S. funds only)  INCLUDE YOUR MITS/MISSOURI TAX IDENTIFICATION NUMBER ON YOUR CHECK OR MONEY ORDER AND MAKE PAYABLE TO "MISSOURI DIRECTOR"						-	
29							; 50
30. Additions to tax (for late filing or late payment)					<del></del>	1	
31. TOTAL DUE — add Lines 27 through 30 (U.S. funds only)						1	
31. TOTAL DUE — add Lines 27 through 30 (U.S. funds only)	50.		[	-	; 00		
INCLUDE YOUR MITS/MISSOURI TAX IDENTIFICATION NUMBER ON YOUR CHECK OR MONEY ORDER AND MAKE PAYABLE TO "MISSOURI DIRECTOR	31	TOTAL DUE — add Lines 27 through 30 (U.S. funds only)		TOTALD	UF ▶	31	00
	INC	LUDE YOUR MITS/MISSOURI TAX IDENTIFICATION NUMBER ON YOUR CHECK OF		ORDER AND MAKE	PAYA		

199	9 FORM MO-1120								PAG	SE 2
PA	RT 1 — MISSOURI MODIFICATIONS — AD	DITIONS								
1a.	State and local bond interest (except Missouri)			1a	00					
1b.	Less: related expenses (omit if less than \$500). Enter	Line 1a less Line 1b or	n Line 1	1b	00	1				00
	Fiduciary and partnership adjustment (enter share of adjustment)									
۷.	Line 15 or Form MO-1065, Line 15)		+1,1 ago 2,1 art 1,			. 2				
										00
3.	Total — Add Lines 1 and 2. Enter here and on Page 1	. Line 3				3				00
	RT 2 — MISSOURI MODIFICATIONS — SU									
	Interest from exempt federal obligations (must attach			1a	00					
	Less: related expenses (omit if less than \$500). Enter				00	1				00
10.	2000. Polatou experiedo (officil 1000 than 4000). Eficor	Elifo Ta 1000 Elifo To of	LIIIO I IIIIIIII	10	; 00	<u> </u>				
2	Reduction in gain due to basis difference					2				00
۷.	reduction in gain due to basis difference									00
2	Previously taxed income					3				00
٥.	Treviously taxed income					-				. 00
1	Amount of any state income tax refund included in fed	loral tayahla ingama				4				00
4.	Amount of any state income tax return included in rec	ierai taxable iricorrie				-				. 00
_	Conital main evaluaion from the cale of law income ha	uning project				5				00
	Capital gain exclusion from the sale of low income ho					5				00
6.	Fiduciary and partnership adjustment (enter share of adj									00
	Line 16 or Form MO-1065, Line 16)					6				00
_	T. I. A.III. 44 . 10.54					_				00
7.	Total — Add Lines 1 through 6. Enter here and on Pa	ge 1, Line 5				/				00
PA	RT 3 — FEDERAL INCOME TAX — CURRE	ENT YEAR — Cons	solidated Federal	/separate Missouri	return	<u> — s</u>	ee inst	ruction	s.	:
	"									00
1.	Federal tax (from Federal Form 1120, Schedule J, Lin	e 12 or Federal Form 1	120A, Part 1, Line 7).			1_				00
2.	Foreign tax credit (from Federal Form 1120, Schedule	J, Line 4a)				2				00
3.	Federal income tax — add Lines 1 and 2; divide the to	otal by 2; and enter her	e and on Page 1, Line	7. Consolidated federa	<b>I</b> /					
	separate Missouri returns must complete Lines 4-	6				3				00
4.	Numerator (the amount of separate company federal	taxable income)				4				00
5. Denominator (enter the total positive separate company federal taxable income)					5				00	
۵	Divide Line 4 by Line 5	ultiply by Lina 2 Entar I	nore and on Page 1 Li	ing 7 (Consolidated fode	ral/					
0.					ı aı/					
separate Missouri return filers must attach consolidated Federal Form 1120, Schedule J, and an income statement or summary of profit companies. If information is not sent, the federal income tax deduction may be reduced to zero.)						6				00
PA	RT 4 — REASON FOR AMENDMENT — Th									
										<b></b> .
	ck one box indicating the reason for this amended Missides consolidated federal/separate Missouri filers. (NOTE				370AD a	nd/or				This
	· _ `	ERAL CORRECTION	C. LOSS CARR	,			DO	OR ONL	Y	
D. TAX CREDIT CARRYBACK E. IRS AUDIT (RAR)										
PART 5 — LOSS CARRYBACK OR TAX CREDIT CARRYBACK — AMENDED RETURN ONLY										
	loss carryback or tax credit carryback is involved in t				parate M	lissou	ri filers s	hould rep	ort fic	ures
attri	outable to this separate Missouri return and attach a copy	of the Federal Consolid	ated Form 1139 or 112	0X showing the carryback	or page					
	) for the year of the loss to verify that only the separate co his year and the year of the loss.	impany nad the loss. Als	o, enclose a copy of the	e consolidated income stat	ement		м м	D D	Υ	Υ
	Year of loss				•	1				
						2			_	00
	Total net capital loss carryback					<del> </del>				
Federal income tax adjustment — Consolidated federal/separate Missouri filers must attach computations						3				00
4. Federal income tax adjustment — Consolidated federal/separate Missouri filers must attach computations									UU	
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of m is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which he/she has any knowledge. As										OR
	ue, correct, and complete. Declaration of preparer (other No, a penalty of up to \$500 shall be imposed on any corpo			ion ne/sne has any knowle	aye. AS	ρισνισ	ieu in Cha	apiei 143		NLY
I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of his/her firm.										S
				~`	;			<b>⊣</b> г	Ε	
SIGNATURE OF OFFICER DATE PREPARER'S SIGNATURE (OTHER THAN TAXPAYER)				۲)	DATE			_ บ		
							<b>┧</b> ├	F		
TITLE OF OFFICER PHONE NUMBER PREPARER'S ADDRESS AND ZIP CODE FEIN OR PTIN							-			
										J₽